

SENATE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 2029

AN ACT

To amend chapter 376, RSMo, by adding thereto three new sections relating to step therapy for prescription drugs.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
AS FOLLOWS:

1 Section A. Chapter 376, RSMo, is amended by adding thereto
2 three new sections, to be known as sections 376.2030, 376.2034,
3 and 376.2036, to read as follows:

4 376.2030. As used in sections 376.2030 to 376.2036, the
5 following terms mean:

6 (1) "Health benefit plan", the same meaning as such term is
7 defined in section 376.1350;

8 (2) "Health care provider", the same meaning as such term
9 is defined in section 376.1350;

10 (3) "Health carrier", the same meaning as such term is
11 defined in section 376.1350;

12 (4) "Step therapy override exception determination", a
13 determination as to whether a step therapy protocol should apply
14 in a particular situation, or whether the step therapy protocol
15 should be overridden in favor of immediate coverage of the health
16 care provider's preferred prescription drug. This determination

1 is based on a review of the patient's health care provider's
2 request for an override, along with supporting rationale and
3 documentation;

4 (5) "Step therapy override exception request", a written
5 request from the patient's health care provider for the step
6 therapy protocol to be overridden in favor of immediate coverage
7 of the health care provider's preferred prescription drug. The
8 manner and form of the written request shall be disclosed to the
9 patient and the health care provider as described in subsection 1
10 of section 376.2034;

11 (6) "Step therapy protocol", a protocol or program that
12 establishes the specific sequence in which prescription drugs for
13 a specified medical condition and medically appropriate for a
14 particular patient are to be prescribed and covered by a health
15 carrier or health benefit plan;

16 (7) "Utilization review organization", an entity that
17 conducts utilization review other than an insurer or health
18 carrier performing utilization review for its own health benefit
19 plans.

20 376.2034. 1. If coverage of a prescription drug for the
21 treatment of any medical condition is restricted for use by a
22 health carrier, health benefit plan, or utilization review
23 organization via a step therapy protocol, a patient, through his
24 or her health care provider, shall have access to a clear,
25 convenient, and readily accessible process to request a step
26 therapy override exception determination. A health carrier,
27 health benefit plan, or utilization review organization may use
28 its existing medical exceptions process to satisfy this

1 requirement. The process shall be disclosed to the patient and
2 health care provider, which shall include the necessary
3 documentation needed to process such request and be made
4 available on the health carrier plan or health benefit plan
5 website.

6 2. A step therapy override exception determination shall be
7 granted if the patient has tried the step therapy-required
8 prescription drugs while under his or her current or previous
9 health insurance or health benefit plan, and such prescription
10 drugs were discontinued due to lack of efficacy or effectiveness,
11 diminished effect, or an adverse event. Pharmacy drug samples
12 shall not be considered trial and failure of a preferred
13 prescription drug in lieu of trying the step-therapy required
14 prescription drug.

15 3. The health carrier, health benefit plan, or utilization
16 review organization may request relevant documentation from the
17 patient or provider to support the override exception request.

18 4. Upon the granting of a step therapy override exception
19 request, the health carrier, health benefit plan, or utilization
20 review organization shall authorize dispensation of and coverage
21 for the prescription drug prescribed by the patient's treating
22 health care provider, provided such drug is a covered drug under
23 such policy or contract.

24 5. This section shall not be construed to prevent:

25 (1) A health carrier, health benefit plan, or utilization
26 review organization from requiring a patient to try a generic
27 equivalent or other brand name drug prior to providing coverage
28 for the requested prescription drug; or

1 (2) A health care provider from prescribing a prescription
2 drug he or she determines is medically appropriate.

3 376.2036. 1. Notwithstanding any law to the contrary, the
4 department of insurance, financial institutions and professional
5 registration shall enforce sections 376.2030 to 376.2036. The
6 provisions of sections 376.2030 to 376.2036 shall apply to health
7 insurance and health benefit plans delivered, issued for
8 delivery, or renewed on or after January 1, 2018.